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Form 990

Department of the TreasuryInternal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organizationTHE MOUNT SINAI HOSPITAL

% MICHAEL PASTIER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

ONE GUSTAVE L LEVY PLACE

City or town, state or province, country, and ZIP or foreign postal codeNEW YORK, NY 100296574

F Name and address of principal officer:

DONALD SCANLON

150 EAST 42ND STREET 5TH FL

NEW YORK, NY 10017

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number13-1624096

E Telephone number(212) 731-3149

G Gross receipts \$ 3,126,978,004

I Tax-exempt status:

☒ 501(c)(3)☐ 501(c) () ◀(insert no.)☐ 4947(a)(1) or☐ 527

J Website: ▶ <http://www.mountsinai.org>

K Form of organization:

☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation: 1852

M State of legal domicile: NY

Part ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

MOUNT SINAI PROVIDES COMPASSIONATE PATIENT CARE AND ADVANCED MEDICINE THROUGH EDUCATION, RESEARCH AND OUTREACH IN THE MANY DIVERSE COMMUNITIES IT SERVES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,672,787

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Part IISignature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

DONALD SCANLON EVP,SYSTEM CFO & CCS

2020-11-10

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 5 TIMES SQUARE

NEW YORK, NY 10036

Preparer's signature

Firm's EIN ▶

Phone no. (212) 773-3000

Date

PTIN P01683199

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

MOUNT SINAI IS COMMITTED TO THE ADVANCEMENT OF THE ART AND SCIENCE OF MEDICINE THROUGH CLINICAL EXCELLENCE. THE CENTRAL MISSION CONSISTS OF HIGH-QUALITY PATIENT CARE AND TEACHING CONDUCTED IN AN ATMOSPHERE OF SOCIAL CONCERN AND SCHOLARLY INQUIRY INTO NATURE, CAUSATION, PREVENTION AND TREATMENT OF HUMAN DISEASE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,662,445,377 including grants of \$ 107,882,984) (Revenue \$ 2,896,336,543)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 2,662,445,377

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	931
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	33	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	33	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
►MICHAEL PASTIER 150 EAST 42ND STREET 5TH FL New York, NY 10017 (212) 731-3149

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	13,062,096	19,650,707	919,685

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4,103

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CROTHALL HEALTHCARE INC, 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	MANAGEMENT	43,916,123
MORRISON MANAGEMENT SPECIALISTS, 955 CHESTERBROOK BLVD CHESTERBROOK, PA 19087	MANAGEMENT	8,933,666
LABORATORY CORPORATION, PO BOX 2240 BURLINGTON, NC 272162240	LAB SERVICES	27,202,577
RIGHTSOURCING INC, PO BOX 515743 LOS ANGELES, CA 900515118	PERSONNEL	16,031,199
DEVITOVERDI INC, 330 HUDSON STREET 16TH FLOOR NEW YORK, NY 10013	MARKETING	10,146,737

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 174</p>	
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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a											
	b Membership dues . . .	1b											
	c Fundraising events . . .	1c	386,128										
	d Related organizations	1d											
	e Government grants (contributions)	1e	4,052,650										
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,189,736										
	g Noncash contributions included in lines 1a - 1f:\$	1g	757,376										
	h Total. Add lines 1a-1f ▶			40,628,514									
Program Service Revenue			Business Code										
	2a NET PATIENT SERVICE	621110		2,896,336,543		2,896,336,543							
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶			2,896,336,543									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			18,650,432				20,015		18,630,417			
	4 Income from investment of tax-exempt bond proceeds ▶			0									
	5 Royalties ▶			0									
	6a Gross rents	6a	(i) Real	(ii) Personal									
	b Less: rental expenses	6b											
	c Rental income or (loss)	6c	0	0									
	d Net rental income or (loss) ▶			0									
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other									
	b Less: cost or other basis and sales expenses	7b											
	c Gain or (loss)	7c	42,002,000	14,564,294									
	d Net gain or (loss) ▶			56,566,294								56,566,294	
	8a Gross income from fundraising events (not including \$ 386,128 of contributions reported on line 1c). See Part IV, line 18		8a	29,700									
	b Less: direct expenses	8b	122,381										
	c Net income or (loss) from fundraising events . . . ▶			-92,681								-92,681	
	9a Gross income from gaming activities. See Part IV, line 19		9a	0									
b Less: direct expenses	9b	0											
c Net income or (loss) from gaming activities . . . ▶			0										
10a Gross sales of inventory, less returns and allowances . . .		10a	0										
b Less: cost of goods sold . . .	10b	0											
c Net income or (loss) from sales of inventory . . . ▶			0										
Miscellaneous Revenue			Business Code										
11a CAFETERIA			722320		13,244,716						13,244,716		
b 340B PHARMACY			621110		60,369,761						60,369,761		
c DELIVERY SYSTEM REFORM INCENTIVE PAYMENTS			621110		16,482,210						16,482,210		
d All other revenue					24,669,834		2,640,121				22,029,713		
e Total. Add lines 11a-11d ▶					114,766,521								
12 Total revenue. See instructions ▶					3,126,855,623		2,898,976,664		20,015		187,230,430		

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	107,882,984	107,882,984		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	9,718,448	370,572	9,069,205	278,671
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	304,283		304,283	
7 Other salaries and wages	1,110,827,981	971,660,558	138,575,944	591,479
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	85,285,300	73,968,740	11,258,521	58,039
9 Other employee benefits	103,879,362	90,049,584	13,706,130	123,648
10 Payroll taxes	88,506,638	76,753,589	11,682,393	70,656
11 Fees for services (non-employees):				
a Management	35,150,437	30,507,064	4,643,373	
b Legal	3,000,669		2,866,277	134,392
c Accounting	2,054,680		2,054,680	
d Lobbying	537,665	537,665		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	3,295,710	3,295,710		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	440,913,338	382,668,699	58,244,639	
12 Advertising and promotion	10,167,788	8,712,858	1,326,153	128,777
13 Office expenses	22,580,506	17,725,828	4,809,696	44,982
14 Information technology	36,409,511	31,581,821	4,806,958	20,732
15 Royalties	0			
16 Occupancy	72,487,545	62,789,159	9,556,917	141,469
17 Travel	1,694,118	1,445,840	220,066	28,212
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,286,264	1,116,349	169,915	
20 Interest	31,956,885	31,956,885		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	114,465,056	94,616,815	19,848,241	
23 Insurance	44,902,508	38,970,887	5,931,621	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	620,164,127	620,164,127		
b DIETARY	18,106,394	15,669,643	2,385,021	51,730
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,965,578,197	2,662,445,377	301,460,033	1,672,787
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		729,201	1	1,054,179
	2	Savings and temporary cash investments		109,491,954	2	438,188,807
	3	Pledges and grants receivable, net		15,926,078	3	26,417,789
	4	Accounts receivable, net		370,346,874	4	399,283,919
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		4,028,900	7	4,028,900
	8	Inventories for sale or use		39,921,165	8	44,964,257
	9	Prepaid expenses and deferred charges		7,034,065	9	6,992,529
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,548,939,844		
	b	Less: accumulated depreciation	10b	1,504,225,729		
	11	Investments—publicly traded securities		712,152,164	11	778,149,843
	12	Investments—other securities. See Part IV, line 11		736,762,408	12	701,885,473
	13	Investments—program-related. See Part IV, line 11		229,693,842	13	90,349,643
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		983,798,540	15	1,648,925,073
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,194,636,548	16	5,184,954,527	
Liabilities	17	Accounts payable and accrued expenses		344,610,693	17	341,954,153
	18	Grants payable		0	18	0
	19	Deferred revenue		61,712,289	19	56,828,572
	20	Tax-exempt bond liabilities		872,106,958	20	1,090,548,818
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		10,433,135	23	6,466,310
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		721,830,272	25	1,193,976,878
26	Total liabilities. Add lines 17 through 25		2,010,693,347	26	2,689,774,731	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		1,989,528,504	27	2,294,819,969
	28	Net assets with donor restrictions		194,414,697	28	200,359,827
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
32	Total net assets or fund balances		2,183,943,201	32	2,495,179,796	
33	Total liabilities and net assets/fund balances		4,194,636,548	33	5,184,954,527	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,126,855,623
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,965,578,197
3	Revenue less expenses. Subtract line 2 from line 1	3	161,277,426
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,183,943,201
5	Net unrealized gains (losses) on investments	5	103,424,421
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	46,534,748
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,495,179,796

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:
Software Version:
EIN: 13-1624096
Name: THE MOUNT SINAI HOSPITAL

Form 990 (2019)

Form 990, Part III, Line 4a:

The Mount Sinai Hospital provides quality medical healthcare regardless of race, creed, sex, national origin, handicap, age, or ability to pay. Although reimbursement for services rendered is critical to the operation and stability of the Mount Sinai Hospital, it is recognized that not all individuals possess the ability to purchase essential medical services and healthcare education. As a matter of policy, the Hospital provides significant amounts of partially or totally uncompensated patient care. For accounting purposes, such uncompensated care is treated either as charity care or bad debt expense. The Hospital's charity care policy ensures the provision of quality health care to the community served while carefully considering the ability of the patient to pay. The policy has sliding fee schedules for inpatient, ambulatory and emergency services provided to the uninsured and under-insured patients who qualify. Patients are eligible for the charity care fee schedule if they meet certain income tests. Furthermore, as part of its charity care and financial aid policy, the Hospital obtains and uses additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care. The additional information obtained is used by the Hospital to determine whether to qualify patients for charity care and/or financial aid in accordance with the Hospital's policies. For accounting and disclosure purposes, charity care is considered to be the difference between the Hospital's customary charges and the sliding charity care fee schedule rates. Since payment of this difference is not sought, charity care allowances are not reported as revenue. The Hospital's estimated costs for charity care were \$45.0 million and \$33.6 million for 2019 and 2018, respectively. The cost of charity includes the direct and indirect cost of providing charity care services. The cost is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care. Funds received from the New York State Indigent Care Pool to offset charity services provided totaled approximately \$18.2 million and \$16.6 million for the years ended December 31, 2019 and 2018, respectively. The charity care component of the indigent care pool payments is estimated utilizing a ratio of charity care charges to total charity care and bad debt charges applied to the indigent care pool reimbursement and excludes amounts designated for teaching programs. Additionally, patients who do not qualify for sliding scale fees and all uninsured inpatients who do not qualify for Medicaid assistance are billed at the Hospital's rates. Uncollected balances for these patients are categorized as bad debts. Total uncompensated care as a result of bad debts for all patient services approximated \$31.1 million in 2019 and \$24.8 million in 2018. The Mount Sinai Hospital is the primary health care provider for the East Harlem Area of New York City. East Harlem is one of the poorest communities in the New York City region, and has been designated as a medically underserved area. A wide variety of programs and services are currently provided for the community which include: -Primary care -AIDS -Cardiovascular health -Cancer treatment -Maternal and infant health -Geriatrics -Ambulatory sensitive conditions (Asthma and Diabetes) -Adolescent health -Youth education -Volunteer services

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH DAVIS MD CHIEF EXECUTIVE OFFICER	20.2 39.8			X				1,997,542	3,591,551	69,336
SAMIN SHARMA MD PROFESSOR, CARDIOLOGY	29.6 30.4					X		1,084,866	4,002,696	42,637
DENNIS CHARNEY MD 1 PRESIDENT, ACADEMIC AFFAIRS	20.6 39.4			X				747,631	1,344,229	46,898
DONALD T SCANLON EVP, FIANCE & CHIEF CORP SERV	18.0 42.0			X				734,798	1,321,156	57,285
JEREMY BOAL MD EVP, SYSTEM CMO	20.9 39.1			X				669,749	1,204,200	83,686
ARTHUR KLEIN MD EVP, PRESIDENT OF HEALTH NTKW	33.8 26.2			X				1,102,866	738,312	39,086
DAVID L REICH MD PRESIDENT AND COO	60.0 0.0			X				1,803,409	0	49,450
MARGARET PASTUSZKO EVP, CHIEF INTEGRATION OFFICER	20.9 39.1			X				556,972	1,001,428	62,892
BETH ESSIG ESQ EVP, GENERAL COUNSEL	18.8 41.2			X				560,116	1,007,080	29,777
BURTON P DRAYER EVP, SYSTEM CCA	0.5 59.5			X				0	1,501,281	46,562

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR GIANELLI CHIEF TRANSFORMATION OFFICER	0.5 59.5			X				0	1,306,868	34,815
JEFFREY SILBERSTEIN EVP, SYSTEM CAO	20.9 39.1			X				442,909	796,345	32,727
NIYUM GANDHI EVP, CHIEF POP. HEALTH OFFICER	35.9 24.1					X		709,545	474,806	44,321
MICHAEL PASTIER SVP, CHIEF FINANCIAL OFFICER	30.9 29.1			X				593,088	482,321	78,510
VICKI LOPACHIN SVP, SYSTEM CMO	35.6 24.4					X		655,150	438,407	32,528
FRANK CINO SVP, SYSTEM CHIEF RISK OFFICER	20.7 39.3				X			235,573	431,396	59,162
SHIRISH HUPRIKAR PROFESSOR, INFECTIOUS DISEASE	59.2 0.8					X		607,838	8,631	57,333
CARYN SCHWAB SVP, EXECUTIVE DIRECTOR MSHQ	60.0 0.0					X		560,044	0	52,680
SUSAN R CULLMAN VICE CHAIRMAN/TRUSTEE	2.0 14.0	X		X				0	0	0
JOEL S EHRENKRANZ VICE CHAIRMAN/TRUSTEE	2.0 14.0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BLAINE V FOGG END 7 VICE CHAIR/SECRETARY/TRUSTEE	2.0 14.0	X		X				0	0	0
DONALD J GOGEL VICE CHAIRMAN/TRUSTEE	2.0 14.0	X		X				0	0	0
STEVEN HOCHBERG VICE CHAIRMAN/TRUSTEE	2.0 19.0	X		X				0	0	0
JOHN A LEVIN VICE CHAIRMAN/TRUSTEE	2.0 14.0	X		X				0	0	0
PETER W MAY CHAIRMAN OF BOARD (END 4/2019)	2.0 14.0	X		X				0	0	0
ERIC MINDICH VICE CHAIRMAN/TRUSTEE	2.0 14.0	X		X				0	0	0
MICHAEL MINIKES VICE CHAIR/TREASURER/TRUSTEE	2.0 23.0	X		X				0	0	0
JOEL I PICKET VICE CHAIRMAN/TRUSTEE	2.0 17.0	X		X				0	0	0
RICHARD RAVITCH VICE CHAIRMAN/TRUSTEE	2.0 17.0	X		X				0	0	0
JUDITH O RUBIN VICE CHAIRMAN/TRUSTEE	2.0 14.0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW M SAUL VICE CHAIRMAN/TRUSTEE	2.0 15.0	X		X				0	0	0
THOMAS W STRAUSS VICE CHAIRMAN/TRUSTEE	2.0 14.0	X		X				0	0	0
JAMES S TISCH CO-CHAIRMAN OF BOARD/TRUSTEE	2.0 14.5	X		X				0	0	0
BOBBIE ABRAMS END 42 TRUSTEE	1.0 4.0	X						0	0	0
ANDREW M ALPER TRUSTEE	1.0 5.0	X						0	0	0
FRANK BISIGNANO TRUSTEE	1.0 4.0	X						0	0	0
JEFF T BLAU VICE CHAIRMAN/TRUSTEE	2.0 17.0	X		X				0	0	0
HENRY M CALDERON TRUSTEE	1.0 4.0	X						0	0	0
EDGAR M CULLMAN JR TRUSTEE	1.0 4.0	X						0	0	0
JAMES E FLYNN TRUSTEE	1.0 6.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEROME R GOLDSTEIN TRUSTEE (END 4/2019)	1.0 4.0	X						0	0	0
DAVID S GOTTESMAN TRUSTEE	1.0 0.0	X						0	0	0
JOHN B HESS VICE CHAIRMAN/TRUSTEE	2.0 14.0	X		X				0	0	0
JAMES KEMPNER TRUSTEE	1.0 5.0	X						0	0	0
MARC S LIPSCHULTZ TRUSTEE	1.0 5.0	X						0	0	0
JAMES NEARY VICE CHAIRMAN/TRUSTEE	2.0 14.0	X						0	0	0
ALICE NETTER TRUSTEE	1.0 5.0	X						0	0	0
BERNARD W NUSSBAUM TRUSTEE	1.0 6.0	X						0	0	0
LEWIS PELL TRUSTEE	1.0 4.0	X						0	0	0
ROBERT F SAVAGE JR TRUSTEE	1.0 4.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID WINDREICH TRUSTEE	1.0 5.0	X						0	0	0
JOHN S WINKLEMAN TRUSTEE	1.0 4.0	X						0	0	0
WILLIAM H WRIGHT II TRUSTEE	1.0 5.0	X						0	0	0
MICHAEL ZIMMERMAN TRUSTEE	1.0 3.0	X						0	0	0
BRAD KARP SECRETARY/TRUSTEE (EFF 4/2019)	2.0 14.0	X		X				0	0	0
JAMES W CRYSTAL VICE CHAIRMAN	2.0 14.0			X				0	0	0
BONNIE M DAVIS MD VICE CHAIRMAN	2.0 14.0			X				0	0	0
GLENN DUBIN VICE CHAIRMAN	2.0 14.0			X				0	0	0
RICHARD A FRIEDMAN CO-CHAIRMAN OF BOARD	2.0 14.0			X				0	0	0
HENRY R KRAVIS VICE CHAIRMAN	2.0 14.0			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HON ROBERT E RUBIN VICE CHAIRMAN	2.0 14.0			X				0	0	0
CARL ICAHN VICE CHAIRMAN (EFF 4/2019)	2.0 14.0			X				0	0	0
HAMILTON JAMES VICE CHAIRMAN (EFF 4/2019)	2.0 14.0			X				0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 13-1624096
Name: THE MOUNT SINAI HOSPITAL

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization THE MOUNT SINAI HOSPITAL	Employer identification number 13-1624096
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		537,665
j	Total. Add lines 1c through 1i			537,665
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1	The Mount Sinai Hospital pays dues to various organizations that lobby federal and state legislators on behalf of health care facilities, including the Mount Sinai Hospital. The portion of these dues by entity are summarized below: American Hospital Association \$24,679 Greater New York Hospital Association \$224,865 1199 SIEU \$120,990 MOUNT SINAI HOSPITAL MANAGEMENT \$100,244 HEALTH CARE ASSOCIATION OF NEW YORK STATE \$66,887 Total \$537,665

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	194,414,697	188,170,369	163,604,424	154,233,139	153,132,000
b Contributions	39,384,906	38,418,298	57,906,527	37,052,615	30,969,279
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	33,439,776	32,173,970	33,340,582	27,681,330	29,868,140
f Administrative expenses					
g End of year balance	200,359,827	194,414,697	188,170,369	163,604,424	154,233,139

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 57.160 %

b

Permanent endowment ▶ 42.840 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,616,675		49,616,675
b Buildings		694,683,848	288,697,047	405,986,801
c Leasehold improvements				
d Equipment		1,742,952,468	1,215,528,682	527,423,786
e Other		61,686,853		61,686,853
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,044,714,115

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) POOLED INVESTMENTS	701,885,473	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	701,885,473	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	1,648,925,073

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,193,976,878

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1624096
Name: THE MOUNT SINAI HOSPITAL

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
DUE TO/FROM RELATED ORGS	989,772,654
DEFERRED FINANCING FEES	7,782,905
457B PLAN	17,052,003
ROTATING RESIDENTS	3,172,243
TENANT SECURITY DEPOSITS	344,201
AMBULANCE SERVICE LICENSE	1,150,000
DEPOSITS HELD BY THIRD PARTIES	5,378,664
340B PHARMACY RECEIVABLE	23,825,880
PROF LIAB INS REC	170,241,600
OTHER RECEIVABLES	12,861,679
PROF BILLING RECEIVABLE	2,031,807
HIC ESCROW RECEIVABLE	16,250,000
SELF-INSURANCE TRUST RECEIVABL	7,167,699
RIGHT OF USE ASSETS	391,893,738

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	<p>INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS MOUNT SINAI HOSPITAL'S ENDOWMENT FUNDS ARE RESTRICTED TO INVESTMENTS IN PERPETUITY WITH THE INCOME EXPENDABLE TO SUPPORT PROGRAMS ACTIVITIES AS STIPULATED BY THE DONORS. THE HOSPITAL FOLLOWS THE REQUIREMENT OF THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UMIFA") AS THEY ARE RELATED TO ITS ENDOWMENT CONTRIBUTIONS. THE HOSPITAL HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE EDOWMENT ASSETS ARE INVESTED IN A MANNER TO PROVIDE THAT SUFFICIENT ASSETS ARE AVAILABLE AS A SOURCE OF LIQUIDITY FOR THE INTENDED USE OF THE FUNDS, ACHIEVE THE OPTIMAL RETURN POSSIBLE WITH THE SPECIFIC PARAMETERS, AND PRUDENTLY INVEST ASSETS IN A HIGH-QUALITY DIVERSFIED MANNER TO ADHERE TO ESTABLISHED GUIDELINES.</p>

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
		2019
		Open to Public Inspection
Name of the organization THE MOUNT SINAI HOSPITAL		Employer identification number 13-1624096

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean			Program Services	insurance	55,285,115
3a Sub-total					55,285,115
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					55,285,115

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3	THE PRIMARY COVERAGE OF PROFESSIONAL AND GENERAL LIABILITY INCIDENTS HAS BEEN PROVIDED THROUGH PARTICIPATION IN A POOLED PROGRAM WITH CERTAIN HEALTH CARE FACILITIES (PRINCIPALLY HOSPITALS) AFFILIATED WITH THE FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK. THIS OCCURRENCE BASIS INSURANCE COVERAGE PARTICIPATION IS WITH THE CAPTIVE INSURANCE COMPANIES. THE CAPTIVE INSURANCE COMPANIES HAVE TWO OFFICES IN THE CARIBBEAN, SPECIFICALLY BERMUDA AND BARBADOS. THE COMPANIES WERE INCORPORATED IN BARBADOS AND BERMUDA IN 1992 AND 1986 RESPECTIVELY AND ARE LICENSED UNDER THE INSURANCE ACT OF BOTH COUNTRIES. SINCE THE HOSPITAL WAS A SHAREHOLDER OF THE CAPTIVE INSURANCE COMPANIES, THE HOSPITAL FOLLOWED THE EQUITY METHOD OF ACCOUNTING FOR ITS INTEREST IN THE INSURANCE COMPANIES ASSOCIATED WITH THE MEDICAL MALPRACTICE INSURANCE PROGRAM. ADDITIONALLY, FORMS 5471, INFORMATION RETURNS OF U. S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, HAS BEEN FILED WITH THE HOSPITAL'S 990T. The Hospital along with other Health Care Facilities agreed to sell HIC and FOJP to The Doctors Company. The transaction closed in 2019, and the Hospital shared in the proceeds ratably according to ownership.

990 Schedule F, Supplemental Information

Return Reference	Explanation
parts I & IV	The investment activities listed in Part 1 are allocated to agree to the audited financial statement reporting as pooled investments while Part IV reports on foreign filings filed by the respective organization.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ACH LEGENDS (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	415,828		0	415,828
	2 Less: Contributions	386,128		0	386,128
	3 Gross income (line 1 minus line 2)	29,700		0	29,700
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages	39,812		0	39,812
	8 Entertainment	19,850		0	19,850
	9 Other direct expenses	62,719		0	62,719
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				122,381
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-92,681

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			52,188,390	28,256,758	23,931,632	0.810 %
b Medicaid (from Worksheet 3, column a)			742,008,366	502,998,046	239,010,320	8.060 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			794,196,756	531,254,804	262,941,952	8.870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			34,646,710	4,052,650	30,594,060	1.030 %
f Health professions education (from Worksheet 5)			293,361,760	91,255,955	202,105,805	6.820 %
g Subsidized health services (from Worksheet 6)			73,356,202		73,356,202	2.480 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			260,684		260,684	
j Total. Other Benefits			401,625,356	95,308,605	306,316,751	10.330 %
k Total. Add lines 7d and 7j			1,195,822,112	626,563,409	569,258,703	19.200 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			10,349		10,349	
3 Community support			549,545		549,545	0.020 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			121,627		121,627	0.010 %
8 Workforce development						
9 Other						
10 Total			681,521		681,521	0.030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	31,631,712		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	522,861,613	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	574,887,062	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-52,025,449	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system			
<input type="checkbox"/> Cost to charge ratio			
<input checked="" type="checkbox"/> Other			

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
MOUNT SINAI HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V - SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>see part V, section C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

MOUNT SINAI HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>see part v, section c</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>see part v, section c</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>see part v, section c</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

MOUNT SINAI HOSPITAL

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MOUNT SINAI HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 MT SINAI PSYCHIATRIC CONTINUING DAY TR 53-55 E 96TH STREET FL A B C 1F NEW YORK, NY 10029	OUTPATIENT CLINIC
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H SUPPLEMENTAL INFORMATION	Part I, Line 7 The Mount Sinai Hospital used the ratio of cost-to-charges methodology for costing purposes. The cost-to-charge ratio was derived utilizing Worksheet 2, Ratio of Patient Care Costs-to-Charges. Part I, Line 7G Included in subsidized health services is support for various primary care physician practices in the surrounding community. These practices are owned by The Icahn School of Medicine of Mount Sinai which is also a member of the Mount Sinai Health System. During 2019, the Hospital transferred \$25.7 million to other Mount Sinai entities. These funds are used to develop programs to improve the community served.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II Community Building Expense	<p>The Hospital conducts various Community Building Activities during the year to promote the health of its community. The Hospital pays for several public service announcements that help promote population health in areas such as diabetes awareness, cardiac health, cancer, mental health, teen health, and HIV/AIDS. These announcements help to provide the public with information as to symptoms of various diseases and medical conditions so that they seek care before their medical condition reaches a more advanced stage. Additionally, the Hospital spends a significant amount on disaster preparedness each year. These expenditures ensure that the Hospital will be ready to handle a large scale disaster in the area and meet the medical needs of those that are impacted. This preparedness includes plans for handling large volumes of sick or injured people under various scenarios, such as when power is lost or transportation systems are shut down. Part III, Line 2 The Hospital's provision for bad debts is recorded in accordance with generally accepted accounting principles. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. Part III, Line 3 Not applicable Part III, Line 4 The Hospital's footnote disclosure on bad debt expense includes the following: Deductibles and copayments under third-party payment programs are the patient's responsibility and the Hospital considers these amounts in its determination of the provision for bad debts based on collection experience. Accounts receivable are also reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Part III, Line 8 Medicare Allowable Cost were obtained from the Medicare cost report. The cost report utilizes a step-down methodology to allocate an institution's allowable costs by service and program. In addition, the Hospital included the Medicare share of the loss for Health Professions Education (Schedule H, Part I, Line 7f), which amounted to \$52.0 million in order to provide a more accurate reflection of the Hospital's Medicare financial results. Part III, Line 9b The Hospital's collection practices do not apply to charity care balances. Once an account or a portion thereof is deemed to be charity care, it is written off as such. As a result, there is no further collection effort on the account balance.</p>

Form and Line Reference	Explanation
2. Needs Assessment	<p>A continuous community needs assessment process occurs in Manhattan and Western Queens through active membership/participation of administrative leaders, staff and faculty in over 20 community committees, coalitions and boards; and through service and educational partnerships with community health, social service, civic organizations and schools. The Department of Community and Government Affairs acts as a liaison for the Medical Center to health, social service and civic organizations, schools, coalition and community leaders in East and Central Harlem, the Upper West Side and in boroughs outside of Manhattan and Western Queens. Community and Government Affairs work closely with the Mount Sinai School of Medicine, Mount Sinai's Center for Multicultural and Community Affairs and the Department of Community and Preventive Medicine to assist other Medical Center departments that seek to implement community programs and research projects. The Mount Sinai Medical Center actively seeks the views of community residents, hospital consumers, health care providers, religious groups, community boards, elected officials, support groups, and community health and human service professionals in identifying the need for services and public health priorities. The Mount Sinai Medical Center's public participation includes the following:</p> <ul style="list-style-type: none"> * Mount Sinai's Board of Trustees has established a Community Affairs committee whose members include senior management, health providers, and Trustees. A Trustee serves as a Community Advisory Board member to ensure board to board communications. The Board of Trustees meets quarterly to evaluate services and community needs. * Mount Sinai's Community Advisory Board (CAB) members represent diverse socioeconomic and ethnic constituencies and representatives from the Medical Center leadership and departments. The CAB's goal is to ensure that the medical center is responsive to health care needs of consumers, with particular emphasis on the needs of East Harlem. The CAB meets monthly to evaluate services and community needs. * The Tisch Cancer Institute has established a CAB to work in partnership with East and Central Harlem community residents and organizations to reduce the excess burden of cancer among its African-American and Hispanic residents to find ways to overcome cancer disparities. The CAB meets monthly to discuss community resources, strengths and interventions to improve the quality of cancer prevention, treatment and care. * Mount Sinai has established and hosts a monthly Community Roundtable to keep its pulse on the needs of East Harlem and Central Harlem communities. Approximately 80 community leaders, educators, elected officials, and CAB members are in attendance at the monthly meetings. * The Mount Sinai Medical Center representatives participate actively in monthly/quarterly meetings with the following organizations in its continuing efforts to discuss health care needs of the community: <ul style="list-style-type: none"> * Abyssinian Development Corporation. * Boriken Neighborhood Health Center. * Bronx Aids Services. * Children's Aids Society. * Community Board No.11 - Manhattan, Health & Human Services Committee. * East Harlem Chamber of Commerce. * East Harlem HIV Care Network. * East Harlem Partnership for Cancer. * Greater Harlem Chamber of Commerce. * Little Sisters of the Assumption Family Health Services. * New York Academy of Medicine. * New York City Housing Authority - Carver Houses Tenants Association & Johnson Tenants Association. * Jewish Home and Hospital. * Settlement Health Association. * Union Settlement Association. * Yorkville Common Pantry. The Mount Sinai Hospital of Queens' public participation includes the following: <ul style="list-style-type: none"> * Mount Sinai Hospital of Queens recently formed a CAB and serves the needs of a culturally diverse population with representatives from social and human service organizations, civic associations, public housing authority, and health care providers. The CAB meets quarterly to evaluate services and community needs. * Mount Sinai Hospital of Queens conducts an annual Community Roundtable to inform and update participants on new programs and projects and facility improvements at the Hospital. The focus is also on engaging participants in a discussion of ways in which the Hospital can improve and better serve the needs of the community. * The annual Pastoral Care Forum for clergy and other religious leaders in the community featured an educational session as well as an information-sharing component of services available in the community. * Mount Sinai representatives participate actively in monthly/quarterly meetings with the following organizations in its continuing efforts to discuss health care needs of the community: <ul style="list-style-type: none"> * American Cancer Society. * Astoria Civic Association. * Catholic Charities of Brooklyn and Queens. * Community Boards No.1 & 2 - Queens. * Gateway to Health Sciences Secondary School. * Greek Orthodox Archdiocese of America Hellenic Cultural Center. * HAN

Form and Line Reference	Explanation
2. Needs Assessment	<p>AC. * Jacob Riis Neighborhood Settlement House. * Queens Chamber of Commerce. * New York City Housing Authority - Ravenswood Tenants Association. * SHAREING & CAREING. * United Community Civic Association. * Visiting Nurse of New York. The Mount Sinai Medical Center discusses and analyzes the following demographic and socio-economic data with community partners as part of the community needs assessment process.</p> <ol style="list-style-type: none"> 1. Utilization - Identify which services/programs have met or exceeded projected utilization. 2. Patient satisfaction surveys - Analyze the hospitals' patient surveys to determine areas of needs identified by patients and their families. 3. Local demand for services - Identify the services/programs with waiting lists, which demonstrate that the local demand for services exceeds capacity. 4. Community need data - Determine the health of the community by examining the health statistics on the NYCDOHMH and NYSDOH websites; and determine the areas in which the target goals of Take Care New York are not met. <p>Additionally, in assessing the communities' needs in conjunction with community partners, consumers, community boards, community leaders, and community health and human service professionals, the following questions are considered:</p> <ol style="list-style-type: none"> 1. Is the cause of the illness, disease or health behavior preventable? 2. Does the hospital have existing resources, capacity, and processes to conduct outreach, provide screenings and treatment, measure, and evaluate set goals? 3. Was the health focus also identified by , discussed with, and determined as a priority in the health of the community by community partners, consumers, community health and human service professionals, NYCDOHMH, and the hospital's Community Advisory Board? <p>Based on the information gathering process described above, the Hospital develops a community service plan that focuses on the health priorities for the surrounding community.</p>

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Form and Line Reference	Explanation
3. Patient education and eligibility for assistance	<p>All patients that do not have insurance are notified that financial assistance may be available for them. Prominently placed signs notify patients of the financial assistance policy and flyers summarizing the process are available in registration areas. The Hospital provides assistance with enrollment in Federal and State insurance programs including Medicare, Medicaid, Child Health Plus and Family Health Plus. If patients do not qualify for these programs they may qualify for financial assistance through the Hospital's Charity Care and Self Pay Discount Policy. Patient bills also provide information as to where a patient or the person responsible for the Hospital bill can call to receive financial assistance if they are not able to pay the Hospital's bill. Patients are provided with assistance through the Hospital's Financial Counseling Department (Mount Sinai patients only) or through its Resource Entitlement and Advocacy Program (REAP) Office. The REAP Office assists both Hospital patients and community members to obtain financial assistance for their medical expenses.</p>

Form and Line Reference	Explanation
4. Community Information	<p>The Mount Sinai Medical Center serves patients in all five boroughs of New York City, Long Island, Westchester and Rockland counties, New Jersey and Connecticut. Mount Sinai is a regional and national referral center. The hospital defines New York County as the area used for community/local health planning for the purposes of the Community Service Plan. Census data were used to determine the service area of The Mount Sinai Medical Center. The total population of New York County in 2010 was 1,585,873 (increase of 3.2 percent from the 2000 Census). Approximately 52% of the New York County population in 2010 was of a minority population (18.5% African-American, 11.8% Asian and 21.7% "other" minority group members including individuals of 2+ races). There were 405,983 (25.6%) Hispanics, who can be of any race. New York County has eight federally-designated medically underserved areas. There are 20 hospitals, including specialty hospitals, serving this area. The U.S. Census identified that 282,285 members (17.8%) of the population were living at or below the Federal Poverty Level in 2010. It has been documented that individuals of minority and/or low-income status experience difficulties in accessing healthcare in some places. Mount Sinai serves residents of its service area without regard to any personal characteristics, including race/ethnicity or payer source. It is important to note the large minority population that Mount Sinai serves as most minority groups have been documented to suffer from cardiovascular disease at rates in excess of those of the White population. The Mount Sinai Medical Center has a strong history of serving traditionally underserved individuals throughout its service area, including Harlem and East Harlem communities surrounding the hospital. Mount Sinai provides the following health services to its community: * 67% of clinic visits are minority patients. * 53% of inpatient discharges are minority patients. * 85% of Emergency Department visits are minority patients. * More than 30% of inpatients reside in upper Manhattan. * Nearly 50% of outpatients reside in upper Manhattan. * More than 50% of Emergency Department patients reside in upper Manhattan. Reflective of the Hospital's location in the East Harlem neighborhood of New York County, approximately 45.5% and 53.5% of the hospital's inpatient discharges and outpatient visits, respectively, were from Medicaid patients. In many of the hospital's programs, over 60% of the patients have historically belonged to a minority group. The total number and percentage of individuals in the 45 and older age group in New York County is projected to grow dramatically from 2000 to 2015. The total number of individuals in this group is projected to increase from 534,263 individuals in 2000 to 694,295 individuals in 2015, representing a growth of 30.0% over this time period. This age group is projected to grow at a rate over seven times that of New York County from 2000 to 2015, and is at greater risk for cardiac problems than the general population. There were 217,265 individuals older than age 65 (comprising 13.7% of the population) residing within the service area in 2010. This population is projected to continue to grow to 242,281 individuals (comprising 15.1% of the population) by 2015, per the New York Statistical Information System from Cornell University. This age group is at greater risk for cancer than the general population. According to data from the New York State Department of Health (NYSDOH), infectious diseases, such as HIV, are more prevalent in the hospital's service area of New York County than in New York City and New York State overall. The HIV case rate from 2005 to 2007 in New York County was 72.9 individuals per 100,000, which was significantly higher than that of New York City (46.0 persons per 100,000) and the State (24.3 persons per 100,000). The Mount Sinai Hospital of Queens defines its primary service area as the following zip codes that comprise Northwestern Queens: 11101, 11102, 11103, 11104, 11105 and 11106 known as Long Island City/Astoria. The secondary service area consists of zip codes that comprise Western Queens: 11368, 11369, 11370, 11372, 11373, 11377 and 11378. Those zip codes define the areas used for community/local health planning for the purposes of the Community Service Plan. The population of the primary service area of Northwestern Queens in 2008 was 231,440 while the population of the secondary service area of Western Queens was 464,497 for a total of 695,937 residents. Over half (51%) of the population (representing more than 100 cultural and ethnic groups) is foreign-born compared to only 36% for New York City as a whole. In Northwestern Queens, roughly one in five persons lives in poverty; one in five adults smoke and is less likely to quit than smokers in New York City overall; women are less likely to get a regular Pap test for cervical cancer than women in New York City as a whole; and the servi</p>

Form and Line Reference	Explanation
4. Community Information	<p>ce area has the second highest proportion of uninsured adults among all New York City neig hborhoods, with foreign-born residents more likely to be without health insurance than tho se born in the United States. The heart disease hospitalization rate in the primary servic e area has increased by more than 10% in the past 10 years. The poverty and language barri ers in Western Queens inhibit access to inpatient care. Per the New York City Department o f City Planning, Mount Sinai Hospital of Queens is located in Queens Community Board No.1 - Queens. In 2007, 24.2% of the residents lived below the poverty level. This percentage i s much greater than the percentage of residents below the poverty level (12.2%) for the en tire county. Overall, greater than 50% of the residents in Community Board No.1 - Queens d o not speak English "very well", according to the US Census Bureau. Staff members at Mount Sinai Hospital of Queens speak approximately 50 languages, a statistic that is growing ea ch year. This is reflective of the cultural diversity of the service area, which includes residents comprising greater than 100 cultural and ethnic groups.</p>

Form and Line Reference	Explanation
5. Promotion of Community Health	<p>As mentioned in the description of the Needs Assessment in Part VI.2, the Hospital has for med a Community Board to ensure that the Medical Center is able to work closely with the s urrounding community to identify and respond to the healthcare needs of the community. The Mount Sinai Medical Center Community Advisory Board was formed as a committee of the Boar d of Trustees to review and comment on the Medical Center's service, educational and resear ch programs. The Board's goal is to ensure that the medical center is responsive to the h ealth care needs of consumers, with particular emphasis on the needs of East Harlem. The C ommunity Advisory Board is a forum for articulating patient care and community health conc erns and for evaluating the effectiveness of services on the community's health status, pa tients' rights, and the quality of services provided to consumers. Community Advisory Boar d members represent diverse socioeconomic and ethnic constituencies and representatives of Medical Center leadership and departments. A majority are consumers. A Trustee serves as a Community Advisory Board member to ensure board-to-board communications Based on the nee ds assessment and feedback the Hospital receives from groups like the Community Advisory B oard, the Mount Sinai Hospital conducts a number of services and activities that are desig ned to promote and improve the health of individuals residing in the surrounding community . These services and activities help to inform people of healthy living habits and provide access to valuable health care services, including diagnostic screening services for at r isk people. A brief description of each of these services and activities is provided below . *</p> <p>HouseCall is a newsletter developed and designed to introduce the Harlem community to the doctors, nurses, social workers, and other health professionals who serve the communit y. The publication includes extensive outpatient service information. * Prescriptions for Healthy Living is a campaign launched in 2007 in which banners that stress the importance of taking control of health care and adopting a healthy lifestyle are placed throughout th e community. * Good Health Is Precious brings health education and screening to community organizations, responding to a need for early detection. Mini health talks about asthma, c ancer, cardiovascular health, chronic kidney disease, diabetes, mental health, nutrition a nd fitness, orthopedic care, palliative care, and women's health are available in English and Spanish. * The Greenmarket is a partnership between the Medical Center and the Council on the Environment of New York City that sells fresh fruit and vegetables in East Harlem each week. It also offers free medical screenings as well as demonstrations of healthy coo king. * Free Community Health Screenings. In the past year Mount Sinai faculty and staff s ponsored and/or participated in numerous community health fairs and health screening progr ams, street festivals, children's festivals, health expos and information fairs, reaching over 25,000 people. Screenings have been conducted to test blood pressure, glucose, cholest erol, vision, bone density, body mass index, kidney disease, and Hepatitis C at health fa irs year-round. There are nearly 7000 screenings annually. * Support Groups are offered to patients and their families so that they can share their stories with others who have had similar experiences. * Workshops and seminars are important components of Mount Sinai's c ommitment to the community. Topics covered have included areas such as Power of Attorney, Living Wills and Advanced Directives: What You Need to Know, Men's Health Seminars, Women' s Cardiovascular Health. * Exercise and Education classes are offered weekly or bi-monthly . * Resource Entitlement Advocacy Program (REAP) serves uninsured and underinsured communi ty members and hospital patients who need assistance with entitlement issues. REAP enables them to get health insurance and gain access to health care. In addition, it helps them o btain income, home care, and nutrition support by working with community agencies. REAP al so provides technical assistance regarding changes to entitlement programs such as welfare , Medicaid, Medicare, Family Health Plus, child health insurance, and other programs. *Eas t Harlem Free Clinic, created and operated by the students of the Mount Sinai School of Me dicine, provides free medical care to East Harlem residents. *</p> <p>The Medical Center provides HEART (Heart Failure Education and Rehabilitation Training), a congestive heart failure n urse-management program to improve patient self management and physician-initiated service s for patients with heart failure in East and Central Harlem. Additionally, Mount Sinai of ers a wide variety of community outreach programs that provide screening, educational and patient care. These programs are funded through operating revenues of the Hospital. Some of the programs provided by the Medical Center inc</p>

Form and Line Reference	Explanation
5. Promotion of Community Health	<p>lude: * The Jack Martin Fund Clinic is a New York State Department of Health Designated AIDS Center that provides primary and specialty care, urgent care, social services, and counseling to those who are infected; and preventive services to those at risk. * Mount Sinai Adolescent Health Center was the first primary care facility in New York City specifically designed to meet the health care needs of adolescents. Today, it is the largest, most comprehensive adolescent center in the United States, with a mission to help adolescents grow up happy, healthy, and well educated by preventing disease and promoting health. The Adolescent Health Center offers comprehensive medical, nutritional, exercise, and mental health services to teenagers concerned with eating disorders, becoming overweight or obese, and high cholesterol. * The Mount Sinai Diabetes Center provides inpatient and outpatient treatment and education to adults with type I or type II diabetes. The Diabetes Center works closely with Mount Sinai Internal Medicine Associates, whose patient population includes many patients from East and Central Harlem. The Diabetes Center sponsors community diabetes screenings in English and Spanish. * The Mount Sinai Emergency Department provides state-of-the-art emergency care for the residents of East Harlem and Northern Manhattan 24 hours /day 7 days/week and is a receiving hospital for the 911 ambulance system. It is organized into five treatment areas: Emergency Psychiatric Care, Adult Urgent Care, Chest Pain Unit, Adult Emergency Services, and Pediatric Emergency Services. On-site bilingual staff and social work services are available around the clock. Many initiatives have been introduced in response to community needs and concerns. * Martha Stewart Center for Living at Mount Sinai was established in 2007 as a state-of-the-art medical practice for the outpatient care of seniors, and will surely become a benchmark in geriatric patient care. The Center provides care for patients and training for physicians, and coordinates healthy-aging research and practices. * The Dubin Breast Center opened at the Tisch Cancer Institute, providing patients with a multidisciplinary, comprehensive approach to breast cancer screening, treatment and survivorship in a serene setting. Dubin Breast Center offers state-of-the-art diagnostics, including 3-D mammography, and minimally invasive diagnostic procedures. Our highly skilled physicians are some of the most sought-after breast cancer experts in the country. Patients at the Dubin Breast Center have access to the latest approaches and techniques, such as seed localization. A team of breast cancer experts are specialized in the diagnosis and treatment of breast cancer patients and offer the most advanced services in breast cancer prevention, diagnosis, and treatment. * The Breast Health Resource Program (BHRP) is dedicated to meeting the emotional and practical needs of women and men with breast cancer. The program offers information, guidance, and critical support to patients from diagnosis through survivorship. Our clinical social workers offer highly individualized counseling to help manage the complex demands of a breast cancer diagnosis. The Breast Health Resource Program offers counseling, seminars, support groups, and a library of information about the latest breast cancer treatments. * The Visiting Doctors Program at Mount Sinai provides hands-on, high quality medical care and social support to men and women with complex and serious illnesses who have difficulty leaving their homes. The program aims to help patients maximize their health and independence. The homebound population has traditionally been underserved by the medical community, but the Visiting Doctors Program works to fill that gap by providing ongoing primary medical care. Today, Visiting Doctors serves over 1,000 patients throughout Manhattan and is a national model for the care of this most vulnerable group. * The Mount Sinai</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
6. Part of an Affiliated Health Care System	<p>The Hospital is part of the Mount Sinai Health System (MSHS, "the System") that was formed on September 30, 2013. The Mount Sinai Health System includes the Hospital, the Icahn School of Medicine at Mount Sinai, Beth Israel Medical Center (BIMC), The St. Luke's-Roosevelt Hospital Center (SLR) and the New York Eye and Ear Infirmary (NYEEI). MSHS is an integrated health care system and academic medical center. The efforts of the Mount Sinai Hospital are provided in detail in the previous sections of Part VI. BIMC, SLR and NYEEI conduct similar community outreach activities in their respective communities. As a new system, MSHS plans to begin to work together to better coordinate its community outreach and health promotion activities so as to reach more of those in need and have a more profound impact on their health status.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
7. Schedule H, Part VI, line 7	Community Benefit Report Mount Sinai files a community service plan in New York State.

Additional Data

Software ID:

Software Version:

EIN: 13-1624096

Name: THE MOUNT SINAI HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	MOUNT SINAI HOSPITAL ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 HTTP://WWW.MOUNTSINAI.ORG 7002024H	X	X		X			X	X		

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 3e	<p>The significant health needs of the community identified in the CNHA are prioritized according to the community needs. SCHEDULE H, PART V, LINE 5 The hospital facility took into account input from persons who represent the community, including those with special knowledge of or expertise in public health, through key informant interviews and focus groups conducted from September through December 2017. Input was obtained from 104 individuals representing 40 community organizations. Collectively, these 40 organizations serve a wide-range of community residents; individually, these serve medically underserved communities (such as LGBTQ individuals, immigrant populations, and community members with limited English proficiency), low-income communities (notably children and seniors), and minority populations (including Chinese and Hispanic residents). In addition to the New York City Department of Health and Mental Hygiene, participating organizations included ACMH Inc.; Astoria Blue Feather Early Learning Center; BRC Senior Services Center; Callen-Lorde Community Health Center; Center for Independence of the Disabled in NY; Consolidated Edison, Inc.; Coordinated Behavioral Care (CBC); Dominican Women's Development Center; Educational Alliance; Hearing Loss Association of America, New York City Chapter; Hellenic American Neighborhood Action Committee; Instituto Duarte de Nueva York; La Academia Mundial de Bomberos Inc EEUU; Long Island City Partnership; Lower Eastside Power Partnership; Manhattan Community Board 3; Manhattan Community Board 4; Manhattan Community Board 5; Manhattan Community Board 6; Manhattan Community Board 7; Morningside Heights Residents' Association; Mount Sinai - Mount Sinai Queens; Mount Sinai - Mount Sinai Queens - Community Advisory Board; Mount Sinai Beth Israel - Mount Sinai Brooklyn; Mount Sinai Community Advisory Council; Mount Sinai Health System; Mount Sinai St. Luke's - Mount Sinai West; MSSL & MSW; New York Common Pantry; New York Eye & Ear Infirmary of Mount Sinai; New York Political Club New Generation; Queens Community Board 1; Residents of the New York City Housing Authority; SHAREing & CAREing; STRIVE New York; Stuyvesant Town Peter Cooper Village Tenants Association; Union Square Partnership; William F. Ryan Community Health Center; and William F. Ryan Community Health Network</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 6a	The Community Health Needs Assessments for Mount Sinai Hospital and The Mount Sinai Hospital of Queens were conducted in conjunction with each other. SCHEDULE H, PART V, LINE 7A THE HOSPITAL'S CHNA IS AVAILABLE ON THE WEBSITE: https://www.mountsinai.org/files/MSHealth/Assets/MSH/MSH-MSQ-CHNA-December 2017.pdf SCHEDULE H, PART V, LINES 10A THE HOSPITAL'S IMPLEMENTATION STRATEGY IS AVAILABLE ON THE WEBSITE: http://www.mountsinai.org/locations/mount-sinai/about/community

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	<p>The 2017 CHNA identified a number of significant health needs in the community. The CHNA process considered and assessed a wide range of primary and secondary data sources including structured interviews with persons who represent the broad interests of the community and those with expertise in public health, and assessments and studies prepared by other organizations. The CHNA report identified eleven health needs as significant in the community, as listed below in alphabetical order. - Aging Population - Access to Mental Health Care and Poor Mental Health Status - Access to Primary Health Care Services by Individuals with Limited Resources - Chronic Diseases and Contributing Lifestyle Factors - Environmental Determinants of Health - Homelessness - Navigating a Changing Health Care Provider Environment - Poverty, Financial Hardship, and Basic Needs Insecurity - Safe and Affordable Housing - Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care - Substance Abuse</p> <p>The hospital selected the following significant needs to focus its efforts during the 2018-2020 time period: - Access to Mental Health Care and Poor Mental Health Status; - Access to Primary Health Care Services by Individuals with Limited Resources; - Chronic Diseases and Contributing Lifestyle Factors; - Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care; and - Substance Abuse.</p> <p>A. Access to Mental Health Care and Poor Mental Health Status</p> <p>The 2017 MSH CHNA found that the mental health status is poor for many residents because of day-to-day pressures, substance abuse, and psychiatric disorders. The supply of mental health providers is insufficient to meet the demand for mental health services. Planned activities to increase access to mental health care and improve the mental health status of community residents are described below. These activities are in addition to the MSH activities that impact multiple needs.</p> <p>Health professions education</p> <p>The health professions education activities of MSH respond to both the current and future community mental health needs. MSH actively participates in nearly 140 residency and fellowship programs. Residency and fellowship programs that are especially related to mental health care services are as follows: - Child and Adolescent Psychiatry Fellowship, - Geriatric Psychiatry Fellowship, - Mood and Personality Disorders Fellowship, - Psychiatry Residency, - Transgender Psychiatry Fellowship Program, and Triple Board Residency (Pediatrics, General Psychiatry, and Child and Adolescent Psychiatry). Mental Health Services</p> <p>Mental health care services are available at the hospital campuses, outpatient facilities, and physician practices throughout the community. As part of the Mount Sinai Health System, integrated resources such as electronic health records facilitate the referral of patients to needed services provided by other Mount Sinai Health System hospitals and health professionals. Specific mental health services available</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	<p>ilable include the following: Mount Sinai's Department of Psychiatry The Department of Psy chiatry and Behavioral Sciences at Mount Sinai Beth Israel provides comprehensive inpatien t and outpatient services. Its training programs in psychiatry and psychology contribute s ubstantially to the community's mental health resources. Treatment offerings are enhanced by research activity, which seeks to develop the next generation of therapies, from advanc ed device-based treatments to new psychotropic medications. Specific services include trea tment for the following: - Alzheimer's disease; - Attention Deficit Hyperactivity Disorder (ADHD); - Autism Spectrum disorders; - Eating disorders; - Mood disorders (such as depres sion and bipolar disorder); - Obsessive-Compulsive Disorder (OCD); - Personality and Impul se Control disorders; - Post-Traumatic Stress Disorder (PTSD); - Schizophrenia; - Substanc e abuse; and - Tourette's Disorder. B. Access to Primary Health Care Services by Individua ls with Limited Resources The 2017 MSH CHNA found that New York City has a robust health p rovider network. However, access to this network can be limited to individuals with limite d financial resources, including lack of health insurance and relatively high deductibles / co-pays. Planned activities to increase access to primary health care for individuals wi th limited resources are described below. These activities are in addition to the MSH acti vities that impact multiple needs. Health professions education The health professions edu cation activities of MSH respond to both the current and future community health needs for professional services. MSH actively participates in nearly 140 residency and fellowship p rograms. Residency and fellowship programs that are especially related to primary health c are services are as follows: - Adolescent Medicine Fellowship, - Emergency Medicine Reside ncy, - Emergency Medicine Simulation Fellowship, - Family Planning Fellowship - Mount Sina i Hospital, - General Dentistry Residency, - General Internal Medicine Fellowship, - Gener al Surgery Residency, - Global Women's Health Fellowship - Mount Sinai Hospital, - Interna l Medicine Residency, - Obstetrics Gynecology Residency, - Pediatric Dentistry Residency, - Pediatrics Emergency Medicine Fellowship, - Pediatrics Residency, - Physical Medicine an d Rehabilitation Residency, and - PGY1 Pharmacy Residency Program. Primary Health Care Ser vices The hospital provides primary care at its campuses, as well as physician practices t hroughout Manhattan. The hospital, together with The Mount Sinai Health System, is a leade r in providing quality health care to its patients regardless of their ability to pay. C. Chronic Diseases and Contributing Lifestyle Factors The 2017 MSH CHNA found that chronic d iseases in the community include obesity, diabetes, hypertension, heart disease, strokes, and asthma. Contributing lifestyle factors might also include sexually transmitted infecti ons. Planned activities to hel</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	<p>p reduce the incidence of and manage current chronic disease, including increasing healthy life factors, are described below. These activities are in addition to the MSH activities that impact multiple needs. Health professions education The health professions education activities of MSH respond to both the current and future community health needs for chronic disease treatment and prevention. MSH actively participates in nearly 140 residency and fellowship programs. Residency and fellowship programs that are especially related to chronic disease services are as follows: - Advanced Endoscopy Fellowship, - Advanced Fellowship in Inflammatory Bowel Disease, - Advanced Heart Failure and Transplant Cardiology Fellowship, - Allergy and Immunology Fellowship, - Anesthesiology Residency, - Body MRI Fellowship, - Breast Imaging Fellowship, - Breast Pathology Fellowship, - Cardiology Clinical Track Fellowship, - Cardiology Electrophysiology Fellowship, - Cardiology Heart Failure and Transplantation Fellowship, - Cardiology Vascular Medicine Fellowship, - Cardiothoracic Anesthesia Fellowships, - Cerebrovascular Disease-Stroke Fellowship, - Chest Fellowship, - Clinical Genetics Laboratory Training Program, - Clinical Informatics Fellowship, - Clinical Laparoscopic Surgery Fellowship, - Clinical Neurophysiology Fellowship (EMG and EEG Tracks), - Cognitive Neurology Fellowship, - Colon and Rectal Surgery Fellowship, - Critical Care Anesthesiology Fellowship, - Critical Care Medicine Fellowship, - Cytopathology Fellowship, - Dermatology Residency, - Dermatopathology Fellowship, - Diagnostic Radiology Residency, - Endocrinology, Diabetes, and Bone Disease Fellowship, - ENT Pathology Fellowship, - Epilepsy Fellowship, - Facial Plastic Surgery Fellowship, - Female Pelvic Medicine and Reconstructive Surgery Fellowship, - Foot and Ankle Fellowship, - Gastroenterology Fellowship, - Gastrointestinal Pathology Fellowship, - General Preventive Medicine Residency, - Gynecologic Oncology Fellowship, - Gynecologic Pathology Fellowship, - Hand and Elbow Fellowship, - Head and Neck Oncology, Microvascular Reconstructive Surgery Fellowship, - Headache Medicine Fellowship, - Hematology and Medical Oncology Fellowship, - Hemopathology Fellowship, - Independent ACGME Thoracic Fellowship Program, - Infectious Diseases Fellowship, - Integrated Thoracic Surgery Residency Program, - Cardiac Surgery and General Thoracic Surgery Residency, - Interventional Cardiology Fellowship, - Interventional Radiology-Integrated Residency, - Laryngology Fellowship, - Liver Pathology Fellowship, - Liver Transplant Anesthesia Fellowship, - Maternal-Fetal Medicine Fellowship, - Medical Genetics Residency and Fellowship Training Programs, - Minimally Invasive Pelvic Surgery Fellowship, - Minimally Invasive Urology Fellowship Program, - Mohs Micrographic Surgery and Dermatologic Oncology Fellowship Program at Mount Sinai, - Molecular Genetic Pathology Fellowship, - Movement Disorders Fellowship, - Mul</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6
- 3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part II, Line 1	The grant is to fund the operating loss of various off-site physician practices owned by the ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI. Detail review of the off-site physician practices financials are conducted.
Part II, Line 2	The grant is to benefit the community and is funded to an exempt organization within the community. The entity is required to submit budget and reconciliations.
Part II, Line 3	The grant is to fund the operating loss of its related organization, MOUNT SINAI HEALTH SYSTEM. NO MONITORING IS REQUIRED SINCE THE ENTITY IS A RELATED TAX EXEMPT ORGANIZATION.
Part II, Line 4	THE GRANT IS TO FUND THE OPERATING LOSS OF ITS RELATED ORGANIZATION, BETH ISRAEL MEDICAL CENTER. NO MONITORING IS REQUIRED SINCE THE ENTITY IS A RELATED TAX EXEMPT ORGANIZATION.
Part II, Line 5	The grant is to fund the operating loss of its related organization, MSMC Realty Corporation. NO MONITORING IS REQUIRED SINCE THE ENTITY IS A RELATED TAX EXEMPT ORGANIZATION.
Part II, Line 6	The grant is to fund various strategic capital projects at South Nassau Communities Hospital. NO MONITORING IS REQUIRED SINCE THE ENTITY IS A RELATED TAX EXEMPT ORGANIZATION.
Part II, Line 7	THE GRANT IS TO FUND VARIOUS STRATEGIC PROGRAMS TO PROMOTE COMMON MISSION OF THE HOSPITAL AND THE ICHAN SCHOOL OF MEDICINE AT MOUNT SINAI.

Additional Data

Software ID:
Software Version:
EIN: 13-1624096
Name: THE MOUNT SINAI HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICHAN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	58,457,849				FUND PHYSICIAN PRACTICE PROJECT
INSTITUTE FOR FAMILY HEALTH 1879 MADISON AVENUE NEW YORK, NY 10029	13-3273402	501(C)(3)	2,981,205				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI HEALTH SYSTEM ONE GUSTAVE L LEVY PL NEW YORK, NY 10029	46-4248304	501(C)(3)	25,666,745				FUND OPERATING LOSS
BETH ISRAEL MEDICAL CENTER FIRST AVENUE AT 16TH ST NEW YORK, NY 10003	13-5564934	501(C)(3)	590,356				FUND OPERATING LOSS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MSMC Realty Corporation ONE GUSTAVE L LEVY PL NEW YORK, NY 10029	13-3852596	501(C)(3)	63,829				FUND OPERATING LOSS
SOUTH NASSAU COMMUNITIES HOSPITAL INC ONE HEALTHY WAY OCEANSIDE, NY 115721551	11-1352310	501(C)(3)	20,000,000				FUND CAPITAL PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICHAN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PL New York, NY 10028	13-6171197	501(C)(3)	123,000				FUND STRATEGIC PROJECTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	Yes
b Any related organization?		6b	Yes
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Supplemental Information	COMPENSATION FOOTNOTES OFFICERS OF THE BOARD OF TRUSTEES HOURS REFLECT SERVICE TO ALL RELATED ORGANIZATIONS OF MOUNT SINAI HEALTH SYSTEM, INC. (1) EMPLOYEE HAS AN OUTSTANDING LOAN REFLECTED IN SCHEDULE L, PART II OF THE ICHAN SCHOOL OF MEDICINE AT MOUNT SINAI FORM 990. OTHER REPORTABLE COMPENSATION FOR OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES AS IDENTIFIED IN THE FORM 990, PART VII, AND LISTED ON SCHEDULE J MAY INCLUDE VARIOUS TYPES OF SUPPLEMENTAL WAGES. SCHEDULE J, PART I, LINES 6A & 6B THE HOSPITAL ANSWERED YES TO QUESTIONS 6A AND 6B IN SCHEDULE J AS THE INSTITUTION UTILIZES AN INCENTIVE BASED BONUS PROGRAM FOR CERTAIN EMPLOYEES, INCLUDING SEVERAL OF THOSE EMPLOYEES LISTED IN SCHEDULE J. NET EARNINGS IS ONE OF THE SEVERAL METRICS UTILIZED BY THE INSTITUTION IN THE ANNUAL BONUS CALCULATION. OTHER METRICS UTILIZED IN THE INCENTIVE COMPENSATION MODEL INCLUDE THE ORGANIZATION'S PERFORMANCE ON THE JCAHO HOSPITAL CORE MEASURES, PATIENT SATISFACTION SCORES, AND OTHER ORGANIZATIONAL GOALS SUCH AS LENGTH OF STAY INITIATIVES. INDIVIDUALS THAT HAVE RESPONSIBILITIES IN RELATED ORGANIZATIONS TO THE HOSPITAL MAY HAVE INCENTIVES BASED ON THE PERFORMANCE OF THESE ORGANIZATIONS AS WELL AS THAT OF THE HOSPITAL.

Additional Data

Software ID:

Software Version:

EIN: 13-1624096

Name: THE MOUNT SINAI HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JEREMY BOAL MD EVP, SYSTEM CMO	(i)	357,400	68,478	243,871	10,007	19,902	699,658	0
	(ii)	642,600	123,122	438,478	17,993	35,784	1,257,977	0
1DENNIS CHARNEY MD 1 PRESIDENT, ACADEMIC AFFAIRS	(i)	393,140	136,956	217,535	10,007	6,754	764,392	0
	(ii)	706,860	246,244	391,125	17,993	12,144	1,374,366	0
2KENNETH DAVIS MD CHIEF EXECUTIVE OFFICER	(i)	857,760	536,100	603,682	10,007	14,773	2,022,322	0
	(ii)	1,542,240	963,900	1,085,411	17,993	26,563	3,636,107	0
3BURTON P DRAYER EVP, SYSTEM CCA	(i)	0	0	0	0	0	0	0
	(ii)	300,000	191,600	1,009,681	28,000	18,562	1,547,843	0
4BETH ESSIG ESQ EVP, GENERAL COUNSEL	(i)	396,714	133,532	29,870	10,007	635	570,758	0
	(ii)	713,286	240,088	53,706	17,993	1,142	1,026,215	0
5ARTHUR KLEIN MD EVP, PRESIDENT OF HEALTH NTKW	(i)	599,000	89,850	414,016	16,772	6,641	1,126,279	0
	(ii)	401,000	60,150	277,162	11,228	4,445	753,985	0
6MICHAEL PASTIER SVP, CHIEF FINANCIAL OFFICER	(i)	420,243	118,876	53,969	15,442	27,856	636,386	0
	(ii)	341,757	96,674	43,890	12,558	22,654	517,533	0
7MARGARET PASTUSZKO EVP, CHIEF INTEGRATION OFFICER	(i)	384,205	128,824	43,943	10,007	12,470	579,449	0
	(ii)	690,795	231,624	79,009	17,993	22,422	1,041,843	0
8DAVID L REICH MD PRESIDENT AND COO	(i)	1,475,000	191,600	136,809	28,000	21,450	1,852,859	0
	(ii)	0	0	0	0	0	0	0
9DONALD T SCANLON EVP, FIANCE & CHIEF CORP SERV	(i)	428,880	173,763	132,155	10,007	10,466	755,271	0
	(ii)	771,120	312,422	237,614	17,993	18,819	1,357,968	0
10JEFFREY SILBERSTEIN EVP, SYSTEM CAO	(i)	299,680	99,293	43,936	10,007	1,689	454,605	0
	(ii)	538,820	178,527	78,998	17,993	3,038	817,376	0
11FRANK CINO SVP, SYSTEM CHIEF RISK OFFICER	(i)	178,366	54,213	2,994	9,890	11,006	256,469	0
	(ii)	326,634	99,277	5,485	18,110	20,156	469,662	0
12NIYUM GANDHI EVP, CHIEF POP. HEALH OFFICER	(i)	494,258	143,484	71,803	16,775	9,778	736,098	0
	(ii)	330,742	96,016	48,048	11,225	6,543	492,574	0
13VICKI LOPACHIN SVP, SYSTEM CMO	(i)	464,303	137,745	53,102	16,775	2,713	674,638	0
	(ii)	310,697	92,175	35,535	11,225	1,815	451,447	0
14CARYN SCHWAB SVP, EXECUTIVE DIRECTOR MSHQ	(i)	440,000	67,060	52,984	22,400	30,280	612,724	0
	(ii)	0	0	0	0	0	0	0
15SAMIN SHARMA MD PROFESSOR, CARDIOLOGY	(i)	104,800	0	980,066	10,480	10,544	1,105,890	0
	(ii)	107,732	0	3,894,964	10,773	10,840	4,024,309	0
16ARTHUR GIANELLI CHIEF TRANSFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	950,000	293,030	63,838	28,000	6,815	1,341,683	0
17SHIRISH HUPRIKAR PROFESSOR, INFECTIOUS DISEASE	(i)	542,300	51,952	13,586	27,608	28,922	664,368	0
	(ii)	7,700	738	193	392	411	9,434	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MOUNT SINAI HOSPITAL

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
13-1624096

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	BUILD NYC RESOURCE CORPORATION	45-4040561	999999999	12-19-2013	112,000,000	CONSTRUCT QUEENS CAMPUS		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	112,229,099							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	387,324							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	109,884,316							
11	Other spent proceeds	934,270							
12	Other unspent proceeds	1,023,190							
13	Year of substantial completion	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.100 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0.100 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?								

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Part II, Line 7, Issue A	The amount shown in Form 8038 for issue costs exceeded by \$1,500 the actual issue costs paid from bond proceeds as a result of overestimation in the Form 8038 of some of the issue costs. The number in Part II, Column A, row 7 is the actual issuance costs paid from proceeds. Part III, Line 3A The organization has one management agreement. The agreement complies with Revenue Procedure 97-13 and is not subject to Revenue Procedure 2017-13. Part III, Line 9 The organization is considering devising procedures to ensure that if any bonds become non-qualified, they will be remediated in accordance with regulated sections 1.141-12 and 1.145-2. Part IV, Line 7 The organization directed and monitored investments based on an expected raw schedule and takes sole responsibility for compliance with the requirements of Section 148. Since the date of issue of the bonds, no investment yields exceeded the bond yield. Part V The organization is aware that a voluntary closing agreement is available if a violation of the Federal tax requirements, should they occur, cannot be corrected through self-remediation, such violation will qualify for resolution through the voluntary closing agreement program.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRIAN SCANLON	DONALD SCANLON, OFFICER	86,362	COMP. AS AN EMPLOYEE		No
(2) DAVID SCANLON	DONALD SCANLON, OFFICER	84,629	COMP. AS AN EMPLOYEE		No
(3) JOSHUA FRIEDMAN	RICHARD FRIEDMAN, OFFICER	74,774	COMP. AS AN EMPLOYEE		No
(4) Michael Pastier Jr	Michael Pastier, Officer	58,518	COMP. AS AN EMPLOYEE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
Schedule L, Part IV, Column D	FAMILY RELATIONSHIPS WITH INTERESTED PERSONS Officer Donald Scanlon has a family relationship with Brian & David Scanlon who are employed at The Mount Sinai Hospital. Officer Richard Friedman has a family relationship with Joshua Friedman who is employed at The Mount Sinai Hospital. Officer Michael Pastier has a family relationship with Michael Pastier, Jr who is employed at the Mount Sinai Hospital.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		12,437	resale value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	19	744,939	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART 1 LINE 9	COLUMN B REPRESENTS NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

THE MOUNT SINAI HOSPITAL

Employer identification number

13-1624096

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 SUPPLEMENTAL INFORMATION	<p>Part I, Line 5 Number of Employees Employees of The Mount Sinai Hospital and The Icahn School of Medicine at Mount Sinai, including employees providing services at Elmhurst Hospital Center and Queens Hospital Center, utilize a common paymaster under the Hospital's tax identification number. The total number of employees reported under The Mount Sinai Hospital's tax Identification number with the common paymaster system is 32,068 individuals. The number of direct Hospital employees is 18,655 individuals. Part VI, Section A, Line 2 Family/Business Relationships Trustees Edgar Cullman, Jr. and Susan Cullman have a family relationship. Trustees Steven Hochberg and James Flynn have a business relationship. Trustees Steven Hochberg and Joel Pickett have a business relationship. Trustees Marc Lipschultz and John Hess have a business relationship. Officers Kenneth Davis, MD and Dennis Charney, MD have a business relationship. Officer Kenneth Davis, MD and Trustee David Windreich have a business relationship. Officer Kenneth Davis, MD and Trustee Bonnie Davis have a family relationship. Officer Dennis Charney, MD and Trustee David Windreich have a business relationship. Part VI, Section A, Line 4 Governing Documents On April 22, 2019, the Bylaws for The Mount Sinai Hospital were amended to clarify that the Board of Trustees has the discretion, but is not required, to appoint any Senior Vice Chairman to the Board of Trustees. Then on June 12, 2019, the Bylaws of The Mount Sinai Hospital were amended to permit a quorum, solely in the case of appointments to the Hospital Staff by the Board of Trustees, to require the presence of one trustee for every ten trustees (or fraction thereof) entitled to vote for such appointments. Then on September 16, 2019, the Bylaws of The Mount Sinai Hospital were amended to revise the listing of Board Committees and rename and clarify the mission of certain committees. Part VI, Section A, Line 6 Mount Sinai Hospitals Group, Inc. is the Sole Member of the organization. Part VI, Section A, Line 7a The Member has the power to elect the members of the governing body of the organization. Part VI, Section A, Line 7b The Board of Trustees of the organization cannot amend the bylaws without the consent of the Member if such amendment removed any powers of the Member. the consent of the Member if such amendment removed any powers of the Member.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B	<p>Form 990 provided to governing body The Finance Department gathered the relevant information and prepared the tax returns. The Tax department of our outside auditors, Ernst & Young (EY), participated in the preparation of, and reviewed, all tax returns. A questionnaire was circulated to all trustees (i.e., directors), officers and key employees in order to elicit the information required to be reported on the tax returns. The Trustee Conflicts of Interest Review Committee reviewed the responses provided by trustees and certain officers in the questionnaires and assessed additional pertinent facts gathered by the institution in order to evaluate the applicability of IRS reporting requirements. The Review Committee then determined the appropriate trustee (and certain officer) disclosures that should be made on Form 990 based on the recommendations of the Finance Department, the General Counsel's office and the Audit and Compliance Department. These recommendations were reviewed and approved by EY. The same process was conducted by the Finance Department, the General Counsel's office, the Audit and Compliance Department and EY with respect to the questionnaires submitted by other officers and key employees. The Audit and Compliance Committee of the Board of Trustees conducted a review of the entire tax return, with the participation of EY, the Finance Department, the General Counsel's office, and the Audit and Compliance Department. The Audit Committee approved the tax returns as presented. The Audit Committee's report of its review of the tax returns and its recommendation to file the returns were presented to, and accepted by, the Executive Committee of the Board of Trustees (Executive Committee). In addition to authorizing the filing of the tax returns, the Executive Committee directed that the returns, which will be filed on or before November 15, 2020, be provided to all trustees via the trustees' confidential website, and those returns were so provided before being filed. Part VI, Section B, Line 12C Monitoring & enforcing compliance with the policy. Compliance with the Organization's Business Conflicts of Interest Policy (Policy) is required of trustees, employees, medical staff and non-employee members of institutional committees and includes an ongoing duty to disclose potential conflicts. Compliance with the Policy is monitored and enforced regularly and consistently. All disclosures with the potential for conflict are reviewed by an appropriate committee where they are carefully evaluated. When appropriate, a plan, which may involve measures including, but not limited to, recusal from participating in affected transactions, is developed to manage the potential conflict. Part VI, Section B, Line 15A & 15B Process for determination of compensation The Compensation, Employee Benefits and Employee Relations Committee of the Board of Trustees (Compensation Committee) determines the compensation for the CEO and other executives, including physi</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B	<p>cian leaders, who are or may be disqualified persons as that term is defined in IRC Section 4958. The Compensation Committee also reviews the compensation of other senior and/or highly compensated personnel. The Compensation Committees' Operating Procedures are designed to ensure that the compensation of all such officers and key employees is reasonable (i.e. the value of services is the amount that would ordinarily be paid for like services by like enterprises under like circumstances), and with respect to disqualified persons to follow the specific steps outlined in the IRC regulations for establishing the rebuttable presumption of reasonableness that a transaction is not an excess benefit transaction. The Compensation Committee consists exclusively of independent trustees without any conflict of interest (as defined in the applicable IRC regulations) with regard to the compensation arrangements being reviewed or approved. The absence of any conflict of interest with respect to items on that meeting's agenda is confirmed at the beginning of each meeting of the Compensation Committee. The Compensation Committee selects and engages an independent, qualified compensation consultant which performs such valuations on a regular basis to provide appropriate comparability data. Comparability data includes, but is not limited to, compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions; the availability of similar services in Mount Sinai's geographic area; current compensation surveys compiled by independent firms; customized surveys in specific circumstances, and actual written offers from similar institutions competing for the services of the disqualified person. The sources of the comparability data used by the compensation consultant are provided to the Compensation Committee. In appropriate circumstances formal written opinions are obtained from the Compensation Consultant. With respect to Executives as they are defined in the policy which includes all of the institution's disqualified persons, the Compensation Committee receives and reviews the comparability data and any analysis provided by the Compensation Consultant, as well as information provided by management, or in the case of the CEO, by the Chairman of the Board of Trustees, including information about the individual's performance, and for new employees, the individual's job description. When a written opinion is obtained from the Compensation Consultant, that written opinion is also reviewed by the Compensation Committee. After considering all of the facts, the Compensation Committee then determines the appropriate compensation in relation to the comparability data and in light of the written opinion, recommendations of the Compensation Consultant. As more fully set forth in the Compensation Committee's Operating Guidelines, the Compensation Committee also reviews the compensation arrangements for those other senior</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B	<p>management and/or highly compensated personnel who are not Executives. The Compensation Committee is provided details of the compensation arrangement of the individual's job and job performance, the benchmark(s) used and, in certain cases, a description of the role of the Compensation Consultant and a brief description of why the arrangement is appropriate. The Compensation Committee contemporaneously documents in written minutes the terms of the transaction that was approved and the date it was approved; the members of the Compensation Committee who were present; the discussion at the Compensation Committee meeting; the comparability data and any other information obtained and relied on; how the comparability data was obtained; and the Compensation Committee's basis for the decisions, if the approved compensation is outside the range of comparability data. These minutes are prepared before the later of the next meeting of the Compensation Committee or 60 days after the final actions of the Compensation Committee are taken with respect to the compensation decisions made. The minutes are reviewed and approved by the Compensation Committee within a reasonable time thereafter before the later of the next meeting of the Compensation Committee or 60 days after the final actions of the Compensation Committee are taken with respect to the compensation decisions made. The minutes are reviewed and approved by the Compensation Committee within a reasonable time thereafter.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section C, Line 19	<p>Governing documents and conflict of interest policy available to the public. The organization makes its Business Conflicts of Interest Policy available on its website (www.mountsinai.org) and makes its governing documents and financial statements available upon request. Part VII, Line 2 Employees who received more than \$100,000 in compensation Direct Hospital employees who receive more than \$100,000 total 4,103. This excludes employees of the other entities for which the Hospital operates as the paymaster as described in the Schedule O explanation for IRS Form 990, Core Form Part I, Line 5.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part XI, Line 9	NET CHANGE IN CAPTIVE INSURANCE PROGRAM \$55,047,592 CHANGE IN POST RETIREMENT LIABILITY (2,190,755) Loss on extinguishment of debt (5,856,089) Net Periodic postretirement cost other than service cost (466,000) TOTAL \$46,534,748

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CARTS TOTAL FEES:317049180

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:FREIGHT & DELIVERY TOTAL FEES:3498830

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY AGENCIES TOTAL FEES:11175488

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:2876214

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:AMBULANCE SERVICES TOTAL FEES:2981571

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:ORGAN TRANSPORT TOTAL FEES:1449450

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:UNOS REGISTRATION FEES TOTAL FEES:779670

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:STORAGE TOTAL FEES:979811

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER OUTSIDE SERVICES TOTAL FEES:100123124

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE MOUNT SINAI HOSPITAL

Employer identification number
13-1624096

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Mount Sinai PPS LLC ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 47-2915052	DSRIP PROGRAM	NY	116,775,875	62,575,110	MSH
(2) MSHS 150 LLC ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 000000000	SUPPORT	NY	1,660,790	1,660,790	MSH
(3) MOUNT SINAI PROTON HOLDING COMPANY LLC ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 27-4281194	INVESTMENT	NY	4,198	19,777,230	MSH

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
Part II, Line 4, column F - MSMC REALTY CORPORATION	DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, THE MOUNT SINAI HOSPITAL, MOUNT SINAI MEDICAL CENTER ARE ALL MEMBERS OF THIS ENTITY. Part II, Line 5, column F MSMC RESIDENTIAL REALTY LLC DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, THE MOUNT SINAI HOSPITAL, THE MSMC REALTY CORPORATION AND THE MSMC RESIDENTIAL REALTY MANAGER, INC. ARE ALL MEMBERS OF THIS ENTITY. Part II, Line 7, column F MSMC RESIDENTIAL REALTY MANAGER, INC DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, THE MOUNT SINAI HOSPITAL, THE MSMC REALTY CORPORATION ARE ALL MEMBERS OF THIS ENTITY.

Additional Data

Software ID:
Software Version:
EIN: 13-1624096
Name: THE MOUNT SINAI HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-6271888	SUPPORT	NY	501(C)(3)	12 TYPE II	MSHS		No
1190 FIFTH AVENUE NEW YORK, NY 10029 80-0468600	RESEARCH	NY	501(C)(3)	12 TYPE I	ISMMS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 22-3059294	SUPPORT	NY	501(C)(3)	12 TYPE I	ISMMS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-3852596	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SEE PART VII	Yes	
1425 MADISON AVENUE NEW YORK, NY 10029 20-0244426	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SEE PART VII	Yes	
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 45-0537391	DIAG CLINIC	NY	501(C)(3)	3	MSH	Yes	
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 20-1289396	MGMT	NY	501(C)(3)	12 TYPE I	SEE PART VII	Yes	
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 80-0952088	SUPPORT	NY	501(C)(3)	12 TYPE I	ISMMS & MSH	Yes	
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 46-4248304	HOLDING CO	NY	501(C)(3)	12 TYPE II	NA		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 46-4242915	HOLDING CO	NY	501(C)(3)	12 TYPE II	MSHS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-6171197	SCHOOL	NY	501(C)(3)	2	MSHS		No
150 EAST 42ND STREET 5TH FLOOR NEW YORK, NY 10019 13-3939476	HOLDING CO	NY	501(C)(3)	12 TYPE I	NA		No
FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-3444730	HOLDING CO	NY	501(C)(3)	12 TYPE I	BIMC	Yes	
150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3838460	SURGICENTER	NY	501(C)(3)	3	BIMC HOLDCO	Yes	
327 EAST 17TH STREET NEW YORK, NY 10003 13-3627753	NURSING HOME	NY	501(C)(3)	3	BIMC HOLDCO	Yes	
150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3547502	REAL ESTATE	NY	501(C)(3)	9	BIMC HOLDCO	Yes	
150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 11-1018985	HOSPITAL	NY	501(C)(3)	3	CHP		No
1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2997301	HOSPITAL	NY	501(C)(3)	3	MSHG	Yes	
150 EAST 42ND STREET5TH FLOOR NEW YORK, NY 10019 13-3392851	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SLR	Yes	
1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2914343	RESEARCH	NY	501(C)(3)	4	SLR	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
310 EAST 14TH STREET NEW YORK, NY 10003 13-5562304	HOSPITAL	NY	501(C)(3)	3	MSHG	Yes	
310 EAST 14TH STREET NEW YORK, NY 10003 13-4012469	PRIVATE FDN	NY	501(C)(3)	PF	NYEE	Yes	
317-327 EAST 13TH STREET NEW YORK, NY 10003 31-1696826	REAL ESTATE	NY	501(C)(2)	N/A	NYEE	Yes	
150 EAST 42ND STREET 5TH FLOOR NEW YORK, NY 10019 30-0571387	FUNDRAISING	NY	501(C)(3)	7	BIMC	Yes	
150 EAST 42ND STREET 5TH FLOOR NEW YORK, NY 10019 30-0571390	FUNDRAISING	NY	501(C)(3)	7	SLR	Yes	
FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-5564934	HOSPIAL	NY	501(C)(3)	3	MSHG	Yes	
28 EAST 28TH STREET NEW YORK, NY 10016 13-2914141	INSURANCE	NY	501(C)(3)	11 TYPE III	NA		No
150E 42ND STREET 5TH FLOOR NEW YORK, NY 10017 81-2057452	HEALTHCARE	NY	501 (C) (3)	10	MSH	Yes	
ONE HEALTHY WAY OCEANSIDE, NY 115721551 11-1352310	HOSPITAL	NY	501(C)(3)	3	MSHG		No
150 EAST 42ND STREET NEW YORK, NY 10017 82-3994798	SUPPORT	NY	501(C)(3)	12 TYPE II	MSHS		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
GREATER METROPOLITAN IPA II 150 EAST 42D STREET 5TH FL NEW YORK, NY 10019 13-3977019	INACTIVE	NY	BIMCSLR	c					No
GREATER METROPOLITAN IPA V 150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-4141695	INACTIVE	NY	BIMCSLR	c					No
MANHATTAN MANAGEMENT SERVICES 1780 BROADWAY 7TH FL NEW YORK, NY 10019 13-3618543	MGMT SERVICES	NY	SLR	c					No
SLR MANAGEMENT SERVICES 150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3853145	MGMT SERVICES	NY	SLR	c					No
WEST CARE MEDICAL PC 150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3811203	INACTIVE	NY	SLR	c					No
MOUNT SINAI HC VENTURES INC 150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 46-0953126	HEALTH CARE MGMT	NY	BIMC HOLDCO	c					No
HIBER-CELL INC 850 NEW BURTON ROAD SUITE 201 DOVER, DE 19904 82-0608182	CLINICAL LAB	DE	ISMMS	C					No
AMATHUS THERAPEUTICS INC 1506 BOSTON PROVIDENCE HIGHWAY STE NORWOOD, MA 02062 81-4373501	BIOTECH/PHARMA	MA	ISMMS	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	b	58,458,000	cost
MSMC REALTY CORP	b	64,000	cost
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	k	6,301,380	cost
MSMC REALTY CORP	k	2,383,000	COST
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	n	9,549,508	COST
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	o	32,197,797	COST
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	P	317,049,180	cost
MSMC RESIDENTIAL REALTY CORP	P	5,609,000	cost
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Q	1,957,622,000	cost
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	I	1,433,333	cost
BETH ISREAL MEDICAL CENTER	O	18,444,507	cost
St Lukes-Roosevelt Hospital Center	O	91,009,561	cost
NEW YORK EYE AND EAR INFIRMARY	O	8,719,231	cost
MOUNT SINAI MEDICAL CENTER	I	149,356,186	cost
MOUNT SINAI MEDICAL CENTER	I	52,596	cost
MOUNT SINAI HEALTH SYSTEM	Q	51,513,406	COST
MOUNT SINAI HEALTH SYSTEM	B	25,666,745	FMV
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	I	123,048	COST
MOUNT SINAI HEALTH PARTNERS PC	Q	4,012,968	COST
SOUTH NASSAU COMMUNITIES HOSPITAL	B	20,000,000	COST